



CREDIT APPLICATION

Lessee Company Information

Full Legal Business Name

Business Phone Number Business Fax Number Business E-Mail

Address (cannot be a P.O.Box) City County State Zip

Signer Title Years in Business Federal Tax ID

Type of Business: Non-Profit Sole Proprietorship Partnership Corporation LLC

Personal Information on Owners / Officers / Guarantors

Name Title SS# DOB Ownership %

Home Address City State Zip Code

Name Title SS# DOB Ownership %

Home Address City State Zip Code

Company Bank Information ****please provide bank statements - 1st page only for the last 3 months**

Name of Bank Checking Account Number Phone Number How long? Contact Officer

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Lease / Loan References

Creditor Original Amount Account Number Phone Number Contact Officer

Creditor Original Amount Account Number Phone Number Contact Officer

Landlord Information

Rent Lease Own

Landlord or Mortgagee Address Phone Number Contact

Equipment Description

Vendor/Supplier Equipment Equipment Cost

Address Phone Number Contact

Declaration

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is to be true, correct and complete. First Star Capital is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them). We also warrant that we have never filed bankruptcy.

Authorized Signature Date

Authorized Signature Date